

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Apache
 District of Saint Johns
 Town of _____
 or _____
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 16
 County Registrar No. _____
 Local Registrar No. 23

2. Full name of child Gwenne Jean Coon
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births.
 4. Twin, triplet or other _____
 5. No., in order of birth _____
 6. Legitimate? yes
 7. Date of birth May 28, 1925
 Month day year

9. FATHER
 Full name Allie S. Coon

14. MOTHER
 Full maiden name Jean Sherwood

9. Residence (Usual place of abode) Hunt, Arizona
 If nonresident, give place and state _____

15. Residence (Usual place of abode) Hunt, Ariz
 If nonresident, give place and state _____

10. Color or race White
 11. Age at last birthday 30 (Years)

16. Color or race White
 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Pach Springs, Arizona
 (State or country)

18. Birthplace (city or place) Richville, Arizona
 (State or country)

13. Occupation
 Nature of Industry Mechanic

19. Occupation
 Nature of Industry School Teacher

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 6
 (b) Born alive but now dead 0
 (c) Stillborn _____
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 6:00 p.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Signature Mrs. L. C. Sherwood
 Address Saint Johns, Arizona

Given name added from a supplemental report _____
 Month, day, year. Filed 6/14/25 Martin Johnson Local Registrar.

Registrar.

Filed _____ 19 _____

County Registrar.

735-128-124